

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040424

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 5595 Registrar's No. 121

STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Imperial		c. CITY OR TOWN Aftton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillview Lodge		d. STREET ADDRESS 6326 Hurstgreen Lane	
3. NAME OF DECEASED (Type or print) First Middle Last Nelle Krabbe		4. DATE OF DEATH Month Day Year Nov 5 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Scruggs Dept.	
11a. FATHER'S NAME Simon Tewksbury		11b. MOTHER'S MAIDEN NAME Charlotte Bartlett	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. Verna Key 6326 Hurstgreen Lane	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Generalized arteriosclerosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Parkinson's Disease		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 10:30	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10-15-63 to 11/5/63 and last saw her alive on 11/4/63 Death occurred at 10.30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. H. Shulman (Degree or title)		22b. ADDRESS Clarkwood 21 Mo	
22c. DATE SIGNED 11/7/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Nov 9, 1963		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) St Louis Co. Mo.		24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois	
25. DATE RECD. BY LOCAL REG. 11/7/63		26. REGISTRAR'S SIGNATURE Mo. J. Schmitt	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 13 1963

1:30 to 3:15 PM. Wed
9:30 AM to 10:30 AM.

Dr. C. J. J. J.
209 St. Nicholas Rd
Gloucester Mass

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.